Property Acquisition/Relocation Questionnaire

(Please complete one questionnaire for each property.)

Grantee Information									
Grantee:		Chief Elected Official:							
Grant Number:		Phone Number:							
General Property Information									
Address of Property to be Acquired	:								
Ownership of Property:		Publicly Owned:	Privately Owned:						
Owner=s Name and Address:									
Date Present Owner Purchased Prop	perty:								
Has the Owner been informed of the If so, what was the date of notific	ne Grantee=s interest in acquiring the property? cation?								
Has the Owner received a copy of If so, please attach proof of receip	f the appropriate informational brochure? ot to this questionnaire.								
Has an appraisal been obtained for If so, what was the date of the appraisal been obtained for									
Preparer/CEO Certification									
Chief Elected Official Signature:		Questionnaire Preparer Signature: (Attorney or Grant Administrator)							
Date:		Date:							

Land Acquisition Section Form 6

Form Continued

Current Use of Property

			Resi	dential					
Number of Units N		Number of Units Occupied		Number of Families Occupying Units		Number of Occupants who are Tenants		Number of Owner Occupants	
Business									
Number of Units Nu		*		f Businesses ving Units	Number of Occupants who are Tenants		Number of Owner Occupants		
Combination of Mixed Use Property									
Number of Units	Number of Residential Un	Number of Residential Units Occupied by Tenants	Number of Reside Occupied by O		Number of usiness Units	Number of Business Units Occupied by Tenants		Number of Business Units Occupied by Owners	
			Vacant	Property					
Number of Parcels to be Acquired			Number of Units Easements to be Acquired						

Land Acquisition Section

Form 6